

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2015 FEB 26 AM 11:54 Office Use Only FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

[X] (Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

ARRIBA CON HILLARY PAC

ADDRESS (number and street)

5021 Verdugo Way

Suite 105-262

[] (Check if address is changed)

Camarillo

CA

93012

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

info@ACH2016.com

[X] (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.ArribaConHillary.com

[X] (Check if address is changed)

2. DATE

02 / 17 / 2015

3. FEC IDENTIFICATION NUMBER

C 00570069

4. IS THIS STATEMENT

[]

NEW (N)

OR

[X]

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Christina Chavez

Signature of Treasurer

[Handwritten Signature]

Date

02 / 17 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

PHON 1 800 424 9530

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

Write or Type Committee Name

ARRIBA CON HILLARY PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

DANIEL F. CHAVEZ

Mailing Address

5021 VERDUGO WAY

Suite 105-262

CAMARILLO

CA

93012

Title or Position

CITY

STATE

ZIP CODE

Co-Chair

Telephone number

916

993

0224

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

CHRISTINA CHAVEZ

Mailing Address

5021 VERDUGO WAY

Suite 105-262

CAMARILLO

CA

93012

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

Full Name of Designated Agent

Daniel F. Chavez

Mailing Address

5021 VERDUGO WAY

SUITE 105-262

CAMARILLO

CA

93012

CITY

STATE

ZIP CODE

Title or Position

Co-Chair

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA, N.A.

Mailing Address

5800 SANTA ROSA ROAD

CAMARILLO

CA

93012

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

N/A

Mailing Address

CITY

STATE


ZIP CODE

100-NO : 03-1 : INCUB-1

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, TO GO AT DOTTED LINE

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Commission
Federal Election Commission
999 E Street
Washington DC 20463

Federal Election Commission
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FORM 140 (QV4)

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JB
 PREPARER
 (8/2013)

2/26/2015
 DATE PREPARED